

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09801471

FILING DATE

APPLICANT(S)

6-1-06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/	/	/		
6		/	/	/		
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45		/	/	/		
46		/	/	/		
47	/		/	/		
48		/	/	/		
49		/	/	/		
50		/	/	/		
TOTAL IND.	7					
TOTAL DEP.		47				
TOTAL CLAIMS						

	* 6-1-06 *					
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/	/	/		
52		/	/	/		
53		/	/	/		
54		/	/	/		
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97						
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99						
100						
TOTAL IND.	7		6			
TOTAL DEP.	47		34			
TOTAL CLAIMS	54		40			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS